

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091543771
APPLICANT(S)
FILING DATE
4/5/20

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4	1		1		1	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1					
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
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TOTAL IND.	8		8		8	
TOTAL DEP.	17	→	17	→	17	→
TOTAL CLAIMS	25		25		25	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.		→			→			→
TOTAL CLAIMS								